

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530351

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2						
3		1		1		
4		2		1		
5		3		1		
6		4		1		
7		5		1		
8		6		1		
9		7		1		
10		8		1		
11		9		1		
12		10		1		
13		11		1		
14		12		1		
15		13		1		
16	1	14	1	1		
17		15		1		
18		16		1		
19		17		1		
20		18		1		
21		19		1		
22		20		1		
23		21		1		
24		22		1		
25		23		1		
26		24		1		
27		25		1		
28	1	26	1	1		
29		27		1		
30		28		1		
31		29		1		
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45		43				
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48		46				
49		47				
50		48				
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	26	←		←
TOTAL CLAIMS			29			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						